

Consent Form for Dental Treatment

Patient's name: _____

If minor, relation to patient: _____

BENEFITS: FILLINGS

- Eliminate decay
- Relieve pain
- Fill in a hole or space in a tooth
- Cover eroded area
- Protect a sensitive surface

POSSIBLE COMPLICATIONS:

- Tooth may abscess from the filling
- May fracture the tooth
- Tooth will be sensitive to temperature change
- Toxicity from silver fillings is alleged by some
- Filling may fall out

CONSEQUENCES OF NOT HAVING WORK DONE or POSTPONING

- May loose the tooth
- Tooth may fracture
- Decay will get worse
- May result in need for a root canal

ALTERNATIVES:

- Temporary filling

EXTRACTIONS

BENEFITS:

- Last resort for non-salvageable tooth
- Eliminate pain
- Remove teeth that are out of position
- Eliminate infection

POSSIBLE COMPLICATIONS:

- Fractured particles may remain
- Irritation to nerves may cause temporary or permanent numbness
- Part or all of tooth may be lodged in sinus, requiring more surgery
- Bad infections may take long time to clear up
- Jaw may be stiff and difficult to open for a time
- If Jawbone is very weak it may fracture
- Infection of the brain tissues
- Tooth fracture
- Bleeding

CONSEQUENCES OF NOT HAVING WORK DONE or POSTPONING

- Spread of infection
- Swelling
- Pain

ALTERNATIVES:

- None

ROOT CANAL

BENEFITS:

- Eliminate decay
- Relieve Pain
- Save the Tooth

POSSIBLE COMPLICATIONS:

- Undiagnosable root fracture means failure and extraction
- Undiagnosable auxiliary canal means failure and extraction

CONSEQUENCES OF NOT HAVING WORK DONE or POSTPONING

- Extraction of tooth

ALTERNATIVES:

- Extraction
- Bridgework

CROWNS/ BRIDGE

BENEFITS:

- Make you look nicer (cosmetic)
- To repair a tooth which is badly broken down
- To prevent a tooth from fracturing
- To restore a tooth which has broken
- To eliminate a space where food is being trapped
- To hold a false tooth in place as part of a bridge
- To make a solid structure to attach a partial denture
- To splint loose teeth together to strengthen them
- The tooth no longer can be filled.
- To replace missing teeth
- Missing teeth are *not* removable
- Can improve chewing efficiency

POSSIBLE COMPLICATIONS:

- Porcelain portion of crown may fracture

- Crown may come off and need to be recommended
- Tooth may abscess and require further treatment (may not show up until later)
- Future decay may require a filling or new crown

CONSEQUENCES OF NOT HAVING WORK DONE or POSTPONING

- Tooth will probably fracture
- Tooth may need to be extracted
- May need a root canal in addition to the crown
- Teeth will drift and lean over
- May loose back teeth due to shifting
- Periodontal problems (Gum disease)
- Can reduce chewing efficiency
- May need bridgework or denture

ALTERNATIVES:

- Extraction
- Temporary crown
- Steel crown
- Partials
- Temporary partials
- No teeth in the spaces

PARTIALS

BENEFITS:

- Cost **POSSIBLE**

COMPLICATIONS:

- Can wear on Teeth
- Can rock or stress teeth - may loosen own natural teeth
- Metal clasps are sometimes visible
- Decay can occur under clasps

NOT HAVING WORK DONE or POSTPONING

- Same as under *Bridgework*

ALTERNATIVES:

- Bridgework
- Temporary partial
- Keep spaces without teeth placement

CLEANING - SCALING

BENEFITS:

- Look nicer
- Clean mouth
- Eliminate odors
- Prevent odors
- Prevents Gum Disease
- Some portions may be performed by auxiliary personnel

POSSIBLE COMPLICATIONS:

- Sensitive teeth
- Feeling of spaces between teeth
- Filling may be loosened (Normal if filling was ready to fall out)
- Sensitive gums

CONSEQUENCES OF NOT HAVING WORK DONE or POSTPONING

- Stains on teeth
- Odors
- Gum disease
- Will lose teeth sooner

ALTERNATIVES:

- None

LOCAL ANESTHETICS

BENEFITS:

- Avoid pain during treatments and procedures

POSSIBLE COMPLICATIONS:

- Prolonged numbness may extend beyond normal
- Nerve damage
- Bruising (hematoma)

- In rare instances, possible consequences may include all those applicable General Anesthesia, including allergic reactions up to and including death

CONSEQUENCES OF NOT HAVING WORK DONE or POSTPONING

- Mild to severe pain during and after treatment

ALTERNATIVES:

- Willingness to accept pain during treatment

CONSENT: I have had the opportunity to have all my questions answered by my doctor. I grant authority to Dr. Brent Wilson and/or Dr. Francis Rinaudo to administer necessary anesthetics and to perform any dental procedures deemed necessary in the diagnosis and treatment of my case including, but not limited to, oral hygiene, operative, endodontics, fixed/ removable prosthodontics, and oral surgery.

I have read and understand this consent document. I understand that dentistry is not an exact science and that no specific results can be assured or guaranteed. I acknowledge that no such guarantees have been made regarding the dental treatment I have authorized. I have given a complete and truthful medical history including all medicines, drug use, pregnancy, etc. I also understand that, where decay has occurred, or a tooth has fractured or abscessed, that these same forces are still working on the tooth even after it has been restored: therefore, decay or fracture can still occur as the restored tooth is no better than what nature has given in the first place. I also agree to reimburse the attending dentist for all services rendered to me. and I am aware that the payment for these services is due at the time they are rendered.

Signature: _____ Date: _____